

EXHIBIT 1

COMMONWEALTH OF MASSACHUSETTS

Department of Labor & Industries and Department of Public Health

NOTIFICATION OF DELEADING WORK

All sections of this form must be completed in order to comply
with the notification requirements of M.G.L. c.111 § 197,
454 CMR 22.00 and 105 CMR 460.000 as most recently amended

FILE NUMBER: _____ (AGENCY USE)

Contractor performing project Architectural Deleading, Inc. License # DC001006Exp. date 10/22/97Lead Paint Inspector John Eastman License # M1184Date of Inspection 5/19/97

If low-risk deleading work is being performed, complete the following line:

Property owner _____ Agent(s) _____

Address of Project

Building Name (if any) _____ Floor _____

Street Address 11-21 Sutton St. Apt. No. 11,13,17,19,21City Northbridge Zip 01534Deleading Method: Wet/Dry Scraping Heat Gun CausticsLiquid Encapsulant Covering Demolition Replacement Other _____

If "Other" selected, please explain _____

Check One: dwelling is multi-family X single family _____Start date 8/18/97 Completion date 9/18/97When will work be done: A.M. 7:00 P.M. 6:00 Weekends? YesProject Supervisor's name Kevin Sheehan License # DS003136Property Owner Richard WunschelAddress 344 Providence Realty Trust, 30 Lackey Dam Rd.City E. Douglas State MA Zip 01516Telephone (508) 234-3649In case of emergency contact Jerome W. VittaPhone: day (800) 966-3509 evening (603) 890-0302

(over)

of the date and methods of removal or covering of paint, plaster or other accessible materials containing dangerous levels of lead is to be provided and must be received by the following persons, at least ten (10) days prior to beginning of deleading.

1. Occupants of the dwelling unit
2. All other occupants of the residential premises, if any
3. Director, Childhood Lead Poisoning Prevention Program
Department of Public Health, 470 Atlantic Avenue, Boston, MA 02110
Fax (617) 753-8436
4. Director, Asbestos & Lead Program
Department of Labor & Industries
Room 11006, 100 Cambridge Street
Boston, MA 02202
Fax (617) 727-7568
5. Local Board of Health/Code Enforcement Agency
6. Massachusetts Historical Commission
220 Morrissey Blvd.
Boston, MA 02125
(If premises is listed on the State Register of Historic Places, this notification must be made upon receipt of an Order to Correct Violations or at least 30 days prior to initiating preventive deleading)
Fax (617) 727-5128

Deleading Contractor

The undersigned hereby states, under the pains and penalties of perjury, that he/she has read and understood the Commonwealth of Massachusetts Deleading Regulations, 454 CMR 22.00 and Lead Poisoning Prevention and Control Regulations, 105 CMR 460.000, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

Date 8/4/97

Signed: Sandra M. Keller

Title: Administrative Assistant

Company: Architectural Deleading, Inc.

Property Owner (If owner or unlicensed owner's agent will be performing low-risk deleading work)

I certify that I have complied with the training requirements of the Commonwealth of Massachusetts Lead Poisoning Prevention and Control Regulations, 105 CMR 460.175, for owner/agent low-risk abatement and containment. I further certify that I or my agent will be performing the following low-risk activities (I have circled all that apply):

- | | |
|---|--------------------|
| applying liquid encapsulant | capping baseboards |
| applying exterior vinyl siding | covering surfaces |
| removing doors, cabinet doors, shutters | |

I certify that all the information contained in this notification is true and correct to the best of my knowledge and belief.

Date: _____ Signed: _____